



Withdrawal Form | Summer 2016

Please fill out only one form per child.

Child's Name: _____ Date: _____

Main Contact: _____

Main #: _____ Alternate #: _____

Please select the week you wish to withdraw from:

- | | |
|---|---|
| <input type="checkbox"/> Week 1: June 6 - 10 | <input type="checkbox"/> Week 7: July 18 - 22 |
| <input type="checkbox"/> Week 2: June 13 - 17 | <input type="checkbox"/> Week 8: July 25 - 29 |
| <input type="checkbox"/> Week 3: June 20 - 24 | <input type="checkbox"/> Week 9: August 1 - 5 |
| <input type="checkbox"/> Week 4: June 27 - July 1 | <input type="checkbox"/> Week 10: Aug 8 - 12 |
| <input type="checkbox"/> Week 5: July 5 - 8 | <input type="checkbox"/> Week 11: Aug 15 - 19 |
| <input type="checkbox"/> Week 6: July 11 - 15 | |

How would you like to receive your credit, if you receive one?

- ☐ On MAC Account ☐ Refund

Reason for withdrawal:

- ☐ Medical ☐ No longer needed
☐ Other: _____

Withdrawal Notification - Refund Schedule

Day of the Week	Time	Fees Retained
Monday of week prior to attending, before	9pm	\$10 deposit only
Tuesday of week prior to attending, before	5pm	\$10 deposit + \$10 admin fee
Wednesday of week prior to attending, before	5pm	\$10 deposit + \$20 admin fee
Thursday of week prior to attending, before	5pm	\$10 deposit + \$30 admin fee
Friday of week prior to attending, before	5pm	\$10 deposit + \$40 admin fee
Friday of week prior to attending, after	5pm	NO REFUNDS

Initial the following stating you have read the Kids Zone program Refund Schedule above:

- ☐ The \$10 deposit is non-refundable and non-transferrable and is automatically forfeited when you withdraw your child, regardless of reason or timing.
- ☐ Depending on the timing of notification, you may be charged an additional administrative fee up to \$40 or receive no refund.

Parent/Guardian Signature

Date

To submit this form, you may bring it in to the MAC, fax it to 817-728-3679 or scan and email it to mary.jones@mansfieldtexas.gov.

Staff Use Only

Initials: _____ Date: _____

Supervisor Use Only

Date: _____

Initials: _____

Amount Refunded: _____